

<i>SERFF Tracking Number:</i>	<i>AMFA-125738611</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Central Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39751</i>
<i>Company Tracking Number:</i>	<i>8613</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>8613</i>		
<i>Project Name/Number:</i>	<i>8613/8613</i>		

Filing at a Glance

Company: The Union Central Life Insurance Company

Product Name: 8613	SERFF Tr Num: AMFA-125738611	State: ArkansasLH
TOI: L07I Individual Life - Whole	SERFF Status: Closed	State Tr Num: 39751
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: 8613	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Cindy Meyer, Pat Peterson	Disposition Date: 08/01/2008
	Date Submitted: 07/27/2008	Disposition Status: Approved
Implementation Date Requested: 11/03/2008		Implementation Date:

State Filing Description:

General Information

Project Name: 8613	Status of Filing in Domicile: Pending
Project Number: 8613	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Submitted concurrently to the domiciliary state, Ohio.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/01/2008	
State Status Changed: 08/01/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

PLEASE NOTE – THESE FORMS ARE BEING SUBMITTED TO COMPLY WITH THE 2001 CSO TABLE REQUIREMENTS. IT IS IMPERATIVE THAT WE RECEIVE APPROVAL PRIOR TO JANUARY 1, 2009 IN ORDER TO HAVE THIS PRODUCT AVAILABLE TO THE MARKET AT THAT TIME.

Enclosed for your review and approval is a new whole life policy and the riders to be used with the product. All forms

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<i>Company Tracking Number:</i>	<i>8613</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>8613</i>		
<i>Project Name/Number:</i>	<i>8613/8613</i>		

being submitted for approval are outlined in the attached Exhibit A. We have also included an Exhibit B which lists previously approved forms for use with this product.

This product provides benefits payable on death or cash withdrawal. The issue ages are 0-90. The policy will be marketed on an individual basis and will be illustrated. There is an unrestricted market for which this product is intended.

These forms have been scored on the Flesch Readability Scale and achieve a score of 50 or higher.

Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Company and Contact

Filing Contact Information

Pat Peterson, Contract Analyst	ppeterson@ameritas.com
5900 O Street	(800) 745-1112 [Phone]
Lincoln, NE 68501-1889	(402) 467-7956[FAX]

Filing Company Information

The Union Central Life Insurance Company	CoCode: 80837	State of Domicile: Ohio
1876 Waycross Road	Group Code: 943	Company Type:
PO Box 40888		
Cincinnati, OH 45240	Group Name: UNIFI Companies	State ID Number:
(800) 745-1112 ext. [Phone]	FEIN Number: 31-0472910	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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<i>Project Name/Number:</i>	<i>8613/8613</i>		
Fee Explanation:	Policy and associated forms.		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Central Life Insurance Company	\$50.00	07/27/2008	21620260

<i>SERFF Tracking Number:</i>	<i>AMFA-125738611</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/01/2008	08/01/2008

<i>SERFF Tracking Number:</i>	<i>AMFA-125738611</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 08/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-125738611 State: Arkansas

Filing Company: The Union Central Life Insurance Company State Tracking Number: 39751

Company Tracking Number: 8613

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 8613

Project Name/Number: 8613/8613

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Exhibit of Forms		Yes
Supporting Document	Statement of Variability		Yes
Form	Whole Life Policy		Yes
Form	One-Year Term Rider		Yes
Form	Paid-Up Rider		Yes
Form	Accidental Death Benefit Rider		Yes
Form	Children's Insurance Rider		Yes
Form	Guaranteed Insurability Rider		Yes
Form	One-Year Term and Paid-Up Life Insurance Rider		Yes
Form	Total Disability Benefit Rider		Yes
Form	Waiver of Premium Rider		Yes

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Product Name: 8613

Project Name/Number: 8613/8613

Form Schedule

Lead Form Number: 8613

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8613	Policy/Cont Whole Life Policy ract/Fratern al Certificate	Initial		52	8613.PDF
	UOYT01	Policy/Cont One-Year Term ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	UOYT01.pdf
	UPUR01	Policy/Cont Paid-Up Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51	UPUR01.pdf
	UTADB01 AR	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	UTADB01 AR.PDF

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UTCIR01	Policy/Cont Children's Insurance Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	52	UTCIR01.PD F
UTGIR01	Policy/Cont Guaranteed Initial ract/Fratern Insurability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	53	UTGIR01.PD F
UTPL01	Policy/Cont One-Year Term and Initial ract/Fratern Paid-Up Life al Insurance Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	50	UTPL01.PDF
UTTDB01	Policy/Cont Total Disability Initial ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	50	UTTDB01.pdf
UWPR01	Policy/Cont Waiver of Premium Initial	51	UWPR01.pdf

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Product Name:	8613		
Project Name/Number:	8613/8613		
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	Certificate:		
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	Page,		
	Endorseme		
	nt or Rider		

The
Union Central
Life Insurance Company

Founded in 1867... A Stock Company... 1876 Waycross Road, P.O. Box 40888, Cincinnati, Ohio 45240
1-800-825-1551

INSURED: John Doe
POLICY NUMBER: 0123456789

We will pay the death benefit proceeds to the beneficiary when we receive satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected. If any past medical history has been omitted, please notify *us* within ten (10) days from the date this policy is delivered to *you*.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and *Union Central*.

20-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days after *you* receive it to review this policy. If this policy is a replacement for an existing policy *you* have 30 days after *you* receive it to review this policy. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning. We will refund the premiums paid less partial withdrawals within 10 days after this policy is returned.

Signed for The Union Central Life Insurance Company at Cincinnati, Ohio

 SPECIMEN

Secretary

 SPECIMEN

President

Whole Life Policy - Annual Dividends
Premiums Payable for Stated Period
Participating

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POLICY SCHEDULE

Policy Number:	[0123456789]
Insured:	[John Doe]
Issue Age and Gender:	[35, Male]
Owner:	[John Doe]
Policy Date:	[November 1, 2008]
Issue Date:	[November 1, 2008]
Premium Class:	[Standard Nontobacco]
Mortality Table:	2001 CSO [Male Nonsmoker] Mortality Table, age nearest birthday
Contract Rate:	4.00% Annual
Maximum Loan Interest Rate:	[5.00]% Annual
Maximum Attained Age for Reinstatement:	[85]

POLICY SCHEDULE

<u>Benefit Amount</u>	<u>Amount of Benefit</u>	<u>Duration of Premium Payments</u>	<u>Annual Premium</u>
Whole Life Payable to 98	[\$100,000.00	for 63 years	\$1,214.00]

First Premium Payment Interval: Annual [\$1,214.00]

Premium Frequency:	Modal Premium	Cumulative Annual Premium	Max Ann Percentage Rate Chrg Implied in Modal Premium
Annual	[\$1,214.00	\$1,214.00	-]
Semiannual	[\$619.39	\$1,238.78	10.72%]
Quarterly	[\$315.64	\$1,262.56	10.62%]
Check-o-matic	[\$104.45	\$1,253.40	8.66%]

Beginning On	Total Annual Premium
[November 1, 2008	\$1,214.00]
[November 1, 2071	\$.00]

POLICY SCHEDULE

TABLE OF POLICY VALUES

<u>[November 1]</u>	<u>Cash Values</u>	<u>Paid-Up Insurance</u>	<u>Extended Term Insurance to</u>
2009	\$0.00	\$0.00	-
2010	\$1,000.00	\$4,500.00	June 8, 2018
2011	\$2,000.00	\$8,800.00	April 18, 2024
2012	\$3,100.00	\$13,100.00	March 18, 2029
2013	\$4,100.00	\$16,800.00	June 3, 2032
2014	\$5,300.00	\$21,000.00	July 10, 2035
2015	\$6,400.00	\$24,500.00	October 7, 2037
2016	\$7,600.00	\$28,100.00	October 17, 2039
2017	\$8,800.00	\$31,400.00	July 13, 2041
2018	\$10,000.00	\$34,500.00	January 28, 2043
2019	\$11,300.00	\$37,700.00	August 6, 2044
2020	\$12,600.00	\$40,700.00	December 14, 2045
2021	\$14,000.00	\$43,700.00	April 2, 2047
2022	\$15,300.00	\$46,300.00	April 18, 2048
2023	\$16,700.00	\$48,800.00	May 1, 2049
2024	\$18,200.00	\$51,500.00	May 12, 2050
2025	\$19,700.00	\$54,000.00	April 16, 2051
2026	\$21,200.00	\$56,200.00	February 19, 2052
2027	\$22,800.00	\$58,500.00	December 25, 2052
2028	\$24,300.00	\$60,400.00	September 11, 2053
At Age			
62	\$36,300.00	\$73,200.00	May 9, 2058
65	\$41,700.00	\$77,400.00	January 17, 2060]

These figures do not include any paid-up additions, any dividend accumulations or any dividends due and unpaid. Any policy loan will decrease the amount otherwise payable.

This is a whole life insurance policy with premium payments payable as shown on the policy schedule. *We* will pay the death benefit if the *insured* dies while this policy is in force, subject to the terms of this policy.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ATTAINED AGE. Means the issue age plus the number of completed policy years.

INSURED. Means the person shown on the policy schedule upon whose life this policy is issued.

ISSUE DATE. Means the date on which the suicide and incontestability periods begin. If *we* have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If *we* have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which *we* receive the initial premium from *you*.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that *we* approve. If the *issue date* is after the *policy date* or *we* have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans.

WE, US, OUR, UNION CENTRAL. Means The *Union Central* Life Insurance Company.

WRITTEN NOTICE. Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

YOU, YOUR. Means the owner as shown on the policy schedule unless changed. The *insured* may or may not be the owner.

OWNERSHIP

OWNERSHIP. While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment, and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor owner named in the application is the new owner. If there is no successor owner, then *your* estate becomes the new owner.

A change of owner may be made at any time by *written notice*. It will take effect on the date *we* receive *written notice*. Unless there are no surviving primary or contingent beneficiaries, a change of owner does not change the beneficiary.

BENEFICIARY

BENEFICIARY. The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *insured* dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as "children"), *we* may find who they are from sworn statements and not wait for court records.

You may change the beneficiary at any time while the *insured* is living by *written notice*. *We* must approve any change. If approved, the change will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, *we* will pay the death benefit proceeds as if that beneficiary died first.

DEATH BENEFIT

DEATH BENEFIT. *We* will pay the death benefit proceeds in a lump sum as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim. *We* will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges *us* from any and all claims.

Death benefit proceeds will equal:

- (1) the amount of insurance in force at death; plus
- (2) any additional life insurance proceeds provided by riders; plus
- (3) any additional insurance provided by paid-up additions; plus
- (4) any dividend accumulations; plus
- (5) any dividend credited at death; plus
- (6) any premium refund due; minus
- (7) any *policy debt*; minus
- (8) any unpaid premium, if death occurs during the grace period.

PREMIUMS

PAYMENT OF PREMIUM. Premiums are payable on or before their due dates. Premiums and premium due dates are stated on the policy schedule. The first premium is due on the *policy date*. Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request.

Premiums may be paid annually, semiannually or quarterly at the rates that are published by *us* and in effect on the *issue date*. Premiums may be paid at other intervals approved by *us*. Premiums may not be less than \$10. *You* may request a change in premium payment interval by *written notice*.

GRACE PERIOD. A 31-day grace period is allowed for premiums not paid on or before due dates. Insurance will continue during the grace period; however, if the *insured* dies during the grace period, the premium due will be subtracted from the death benefit.

NONPAYMENT OF PREMIUM. If a premium is not paid by the end of the grace period, the policy will lapse as of the premium due date. If the policy has no cash value or dividend value, all insurance will terminate at the time of lapse. If the policy has cash value or dividend value, insurance will continue only as explained in the Lapse Benefits provision; but any insurance or benefits provided by riders or dividends will terminate, unless otherwise provided.

PREMIUM REFUND AT DEATH. Unless otherwise provided, the part of any premium paid for the period after the policy month in which the *insured's* death occurs will be included in the death benefit.

DIVIDENDS

DIVIDENDS. *Your* policy will be eligible to share in *our* divisible surplus while it is in force unless the policy is being continued under the extended term insurance privilege. *We* will determine annually this policy's share, if any, and will pay as a dividend on the policy anniversary. A first year dividend, if any, is payable only when premiums have been paid for at least 12 months.

The amount of any dividend to which this policy is entitled, at any particular policy anniversary, may be adjusted up or down, to take account of:

- (1) the amount of *policy debt* outstanding during the policy year then ending; and
- (2) how long that *policy debt* was outstanding; and
- (3) the rate of interest charged on that *policy debt*.

DIVIDEND OPTIONS. *You* may elect one of the four basic options described below. *We* may also make additional dividend options available.

Cash - Dividends will be paid in cash.

Premium Reduction Option - Dividends are used to reduce payment of the premium under this policy if the balance of the premium is paid by the end of the grace period. This dividend option is not available if premiums are paid at intervals other than annually, semiannually or quarterly.

Dividend Accumulation Option - Dividends are left with *us* to earn interest. Interest will be credited at an annual rate of not less than 1%. *We* may credit a higher rate.

Paid-up Additions Option - Dividends are used to purchase paid-up additional insurance. Paid-up additions may share in any divisible surplus.

Dividend options are elected in the application. *You* may change the option at any time by *written notice*. If no option has been elected, dividends will be applied to purchase paid-up additions.

You may withdraw the cash value of any paid-up additions and any amount held under the dividend accumulation option by *written notice*.

DIVIDEND AFTER DEATH. If the *insured* dies after the first policy year, the proceeds will include a pro rata portion of any dividend allocated to this policy for the year of the *insured's* death.

ADDITIONAL POLICY PRIVILEGES

RIGHT TO CHANGE THE POLICY. *You* may change this policy for certain other policies subject to *our* rules. There may be a charge for the change and satisfactory evidence of insurability may be required. Upon request, *we* will quote the requirements and the premium of the new policy.

PAID-UP PRIVILEGE. *You* may request this policy be endorsed by *written notice* as a paid-up policy whenever the cash surrender value equals or exceeds the net single premium for a paid-up policy of the same kind and amount of insurance as this policy at the then *attained age* of the *insured*. All riders will terminate when the policy is endorsed paid-up unless otherwise provided in the rider.

ACCESSING POLICY VALUES

CASH SURRENDER. *You* may surrender this policy and withdraw its cash surrender value and the cash surrender value of any rider at any time during the *insured's* life by *written notice*. *You* may also elect to use the cash surrender value to provide lapse benefits as explained in the Lapse Benefits provision. *We* may require return of the policy.

CASH SURRENDER VALUE. The cash surrender value of this policy will be the sum of:

- (1) the policy's cash value; plus
- (2) the cash value of any paid-up additions; plus
- (3) the cash value of any rider; plus
- (4) any dividend accumulations; plus
- (5) any due and unpaid dividend; minus
- (6) any *policy debt* as of the date of surrender.

We may delay paying the cash surrender value for up to six months from the request. If the payment is delayed for more than 30 days, interest will be paid on the cash surrender value from the date of the request for withdrawal to the date of payment at an annual rate of at least the contract rate shown on the policy schedule.

CASH VALUE. The Table of Policy Values shown on the policy schedule shows the cash value of the policy, exclusive of any rider cash value, at the end of successive policy years. These values assume premiums will be paid when due. Upon request, *we* will furnish cash values for any date not shown in the Table.

CASH VALUE AFTER LAPSE. If this policy is in force as extended term insurance or paid-up insurance after lapse, *you* may surrender it for the then current cash surrender value by *written notice*. If the request is made within 31 days after a policy anniversary, while either of these lapse benefits is in effect, the cash surrender value will not be less than it was on that policy anniversary.

LOANS. *You* may obtain a loan from the net loan value except during the grace period. A loan may affect the amount of dividends payable under the policy. No loan will be granted if the policy is in force as extended term insurance.

The net loan value as of the date of the loan will be:

- (1) the policy's cash value (including the cash value of any rider); plus
- (2) the cash value of any paid-up additions; minus
- (3) any due and unpaid premium; minus
- (4) any existing *policy debt*; minus
- (5) any loan interest from the date of the loan to the next policy anniversary.

Cash values are computed as of the next policy anniversary or the next premium due date, whichever is earlier. Any due and unpaid premium deducted in arriving at the net loan value will be a loan.

The maximum loan interest rate is shown on the policy schedule. *We* have the option of charging less.

This policy will be assigned to *us* as security for the loan. *We* may require *you* to sign a loan agreement. *We* may defer making a loan for up to six months, except to pay premiums due on any policy in force with *us*.

Interest accrues daily and becomes a part of the *policy debt*. Interest is due on each policy anniversary and on the date the loan is repaid. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

You may repay *policy debt* in full or in part at any time. If at any time the *policy debt* exceeds the cash value, this policy will terminate 31 days after the date *we* mail a notice of termination to *your* last known address and to any assignee of record.

Automatic Premium Loan (APL) may be elected in the application or, by *written notice* while no premium is in default.

If the APL has been elected, any premium not paid before the end of its grace period will be paid by charging the premium as a loan against this policy, provided that the resulting *policy debt* to the next policy anniversary does not exceed the policy's cash value plus the value of any paid-up additions. If the premium cannot be paid by the APL, the Lapse Benefits provision of this policy will apply.

The APL may be revoked by *you* at any time by *written notice*.

LAPSE BENEFITS

POLICY LAPSE. If a premium is not paid by the end of the grace period, this policy will lapse as of the premium due date. If the policy has no cash value or dividend value, all insurance will terminate at the time of lapse. Any cash surrender value of the policy, as of that premium due date, may be withdrawn by *you*. If the cash surrender value is not withdrawn, it will be used to continue the policy in force as extended term insurance, subject to availability, or paid-up insurance.

EXTENDED TERM INSURANCE. This is paid-up term insurance for a limited period of time. The amount of extended term insurance will be determined as of the due date of the unpaid premium and will be the sum of:

- (1) the amount of insurance in force, excluding insurance provided by any term riders; plus
- (2) any additional insurance provided by paid-up additions; plus
- (3) any dividend accumulations; minus
- (4) any *policy debt*.

The cash surrender value of the policy on that premium due date will be used as a net single premium at the *attained age* of the *insured* to determine the period of time that extended term insurance will continue.

Extended Term Insurance is only available if the premium class shown on the policy schedule is Standard, Select, Preferred or Preferred Plus.

PAID-UP INSURANCE. This is paid-up insurance for the *insured's* life. The cash surrender value of the policy on the due date of the unpaid premium will be used as a net single premium at the *attained age* of the *insured* to determine the amount of paid-up insurance to be provided.

ELECTION OF LAPSE BENEFIT. Extended term insurance may be elected, if available, only before the end of the grace period for the unpaid premium. However, within three months of the unpaid premium due date, paid-up insurance may be elected or the policy may be surrendered by *written notice*.

If no lapse benefit is elected, the policy will be continued as extended term insurance, if available. However, if an equal or greater amount of insurance would be provided under the paid-up insurance lapse benefit, the policy will be continued as paid-up insurance.

EFFECT ON RIDERS. Unless otherwise provided in any rider, on the date a lapse benefit becomes effective, all riders attached to this policy will terminate.

REINSTATEMENT. Within five years after *your* policy terminates, *you* may put this policy back in force by *written notice* if:

- (1) the *insured* provides *us* with evidence of insurability;
- (2) *you* pay all overdue premiums, with interest at the contract rate shown on the policy schedule compounded annually from the due date of each premium; and
- (3) *you* repay or reinstate any *policy debt* as of the lapse date. Compound interest to the date of reinstatement will be charged on any loan at the applicable policy loan interest rate during the period of a lapse.
- (4) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (5) the *insured* is alive on the date of reinstatement; and
- (6) this policy has not been surrendered.

Any application for reinstatement becomes a part of the reinstated policy.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

RELIANCE. *We* have issued this policy based on the answers in the application and supplemental applications. *We* have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and give back premiums paid, minus *policy debt* and any partial withdrawals.

INCONTESTABILITY. *We will not contest this policy, in the absence of fraud, after it has been in force while the insured is alive for two years from the issue date. If this policy is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. Riders to this policy may have separate incontestability provisions.*

SUICIDE. *For the first two full years from the issue date, we will not pay the death benefit if the insured commits suicide (while sane or insane). We will void this policy and give back the premiums paid, minus policy debt and any partial withdrawals. Riders to this policy may have separate suicide provisions.*

MISSTATEMENT OF AGE OR GENDER. *If the insured's age or gender has been misstated on the application, we will adjust the policy benefits and values to those that the premium would have purchased at the correct age and gender.*

ASSIGNMENT. *You may assign this policy by giving written notice. We will not be responsible for the validity of an assignment. We will not be liable for any payments we make or actions we take before we receive written notice of an assignment. An assignment is subject to any policy debt.*

CLAIMS OF CREDITORS. *The death benefit, before paid, will not be subject to the claims of a beneficiary's creditors, except as required by law.*

COMPUTATIONS. *Cash values, net single premium and lapse benefits are based on the mortality table and contract rate of interest shown on the policy schedule. Interest is compounded annually. Calculations assume that premiums will be paid continuously and that proceeds will be paid immediately upon death. Policy values for fractions of a year will be calculated on a basis to reflect the lapse of time and fractional premiums paid for the year.*

All of the values are the same or more than the minimums set by the laws of the state where the application is signed. If required, we have filed a detailed statement about this with your State Insurance Department. The cash value of any extended term insurance or paid-up additional insurance will be the net single premium for that insurance at the attained age of the insured.

Whole Life Policy - Annual Dividends
Premiums Payable for Stated Period
Participating

The Union Central Life Insurance Company
Cincinnati, Ohio

ONE-YEAR TERM RIDER

PAYMENT OF INSURANCE. *We* will pay the amount of term insurance in force under this rider as soon as *we* receive satisfactory proof of the *insured's* death, while this rider was in force. Payment is subject to the terms and provisions of the policy and this rider. The amount of term insurance hereunder will be added to the proceeds payable under the policy.

AMOUNT OF INSURANCE. The amount of term insurance for the first rider year is shown on the policy schedule. The amount of term insurance under this rider may be renewed for additional term periods. On any rider anniversary, the amount of one-year term insurance can be changed by *you*. *We* reserve the right to request evidence of insurability for any increase in coverage over that provided during the rider year immediately preceding the increase.

PREMIUM. The premium for the first rider year is shown on the policy schedule. Premium for subsequent rider years is determined in accordance with the *insured's attained age*. The premium is calculated by multiplying the amount of one-year term purchased that rider year by the applicable amount per \$1,000 shown on the policy schedule. Rider premium is payable at the same time and interval as the policy to which this rider is attached.

CONVERSION PRIVILEGE. This rider may be converted, without evidence of insurability, to a new policy on the life of the *insured*, if:

- (1) no premium is in default and this rider is in force on that date; and
- (2) the amount of the new policy is at least \$10,000; and
- (3) *we* receive a written application before the end of the conversion period of this rider as shown on the policy schedule; and
- (4) the *insured* is not disabled and eligible for benefits under a Total Disability Benefit Rider or Waiver of Premium Rider which is part of the policy to which this rider is attached.

The new policy may be any permanent plan of insurance issued by *us* at the time of conversion. The new policy will be of the same class of risk as this rider. The amount of the new policy may not be greater than the amount of insurance in force under this rider at the time of conversion. The conversion may be made at any time before the end of the conversion period of this rider. The *policy date* of the new policy will be the date of conversion. The premium rate for the new policy will be *our* then published rate at the age of the *insured* on the birthday nearest the date of conversion.

NEW POLICY RIDERS. Total Disability Benefit Rider, Waiver of Premium Rider and Accidental Death Benefit Rider may be issued with the new policy only with evidence of insurability and *our* consent. However, if the policy contains a Total Disability Rider, the *insured* may include such a rider in the new policy without evidence of insurability for a conversion to a Whole Life Policy made before age 55. However, the *insured* must not be totally disabled on the date the application for conversion is made.

EXTENDED PRIVILEGE CONVERSION. If disability benefits are being credited before age 60 under a Total Disability Rider or Waiver of Premium Rider which is part of the policy to which this rider is attached and the disability continues until the end of the conversion period, disability benefits will continue to the date disability stops. The conversion period will extend for 180 days after the date disability stops.

AGE. As used in this rider, "age 55" and "age 60" mean the policy anniversaries nearest the *insured's* 55th and 60th birthdays, respectively.

VALUES. This rider does not have cash value or loan value.

TERMINATION. This rider will terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term; or
- (5) when this rider is converted to a new policy.

DIVIDENDS. This rider will share in *our* divisible surplus. This rider's share, if any, will be determined annually by *us*. Dividends under this rider are subject to the same terms, conditions, privileges and options as set forth in the policy for policy dividends.

REINSTATEMENT. This rider may be reinstated upon reinstatement of the policy.

INCONTESTABILITY. If this rider is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

CONTESTABLE AND SUICIDE PERIOD. As applied to this rider, the contestable and suicide periods shall be measured from the *issue date* of this rider.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The amount of term insurance for the first rider year and premiums for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

A large, stylized handwritten signature in black ink is written over the word "SPECIMEN". The signature is fluid and cursive, with the word "SPECIMEN" printed in a bold, sans-serif font underneath it.

Secretary

A large, stylized handwritten signature in black ink is written over the word "SPECIMEN". The signature is fluid and cursive, with the word "SPECIMEN" printed in a bold, sans-serif font underneath it.

President

The Union Central Life Insurance Company
Cincinnati, Ohio

PAID-UP RIDER

PAYMENT OF INSURANCE. We will pay the amount of paid-up insurance in force under this rider as soon as we receive satisfactory proof of the *insured's* death, while this rider was in force. Payment is subject to the terms and provisions of the policy and this rider. The amount of paid-up hereunder will be added to the proceeds payable under the policy.

AMOUNT OF INSURANCE. The annual amount of paid-up that can be purchased for the first rider year under this rider is shown on the policy schedule. Each year, like amounts of paid-up may be purchased. On any rider anniversary, the annual amount of paid-up purchased can be changed by *you*. We reserve the right to request evidence of insurability for any increase in the amount of paid-up purchased over that purchased during the rider year immediately preceding the increase.

PREMIUM. The premium for the first rider year is shown on the policy schedule. Premium for subsequent rider years is determined in accordance with the *insured's attained age*. The premium is calculated by multiplying the amount of paid-up purchased that rider year by the applicable amount per \$1,000 shown on the policy schedule. Rider premium is payable at the same time and interval as the policy to which this rider is attached.

Notwithstanding anything contained in any Waiver of Premium Rider attached to the policy to the contrary, premiums for this rider are not waived.

VALUES. This rider does have cash value and loan value. Values for selected years per \$1,000 of total paid-up purchased are shown on the policy schedule. Values for other rider years will be furnished upon request. Loans and surrenders are subject to the same terms, conditions, and privileges as set forth in the policy for policy loans and surrenders.

TERMINATION. The right to purchase additional amounts of paid-up shall terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term.

This rider will terminate:

- (1) when this rider is surrendered for its net cash value; or
- (2) the date the rider proceeds are paid.

DIVIDENDS. This rider will share in *our* divisible surplus. This rider's share, if any, will be determined annually by *us*. Dividends under this rider are subject to the same terms, conditions, privileges and options as set forth in the policy for policy dividends.

CONTESTABLE AND SUICIDE PERIOD. As applied to this rider, the contestable and suicide periods shall be measured from the *issue date* of this rider.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The amount of paid-up purchased for the first rider year and premiums for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

SPECIMEN

Secretary

SPECIMEN

President

The Union Central Life Insurance Company
Cincinnati, Ohio

ACCIDENTAL DEATH BENEFIT RIDER

PAYMENT OF INSURANCE. We will pay the benefit amount under this rider as soon as we receive satisfactory proof that the *insured's* death:

- (1) occurred within 120 days of the date of injury; and
- (2) resulted from an injury which occurred while this rider was in force; and
- (3) resulted from accidental bodily injury, directly and independently of all other causes.

If death results from the *insured's* travel as a fare-paying passenger on a public conveyance operated by a licensed common carrier for passenger service, the benefit amount will be doubled.

The benefit will be paid to the designated beneficiary, if any; otherwise to

- (1) *you*, if living; otherwise to
- (2) *your* estate.

RISKS NOT ASSUMED. The benefit amount under this rider will not be payable if the *insured's* death results from, or is contributed to by, any of the following causes:

- (1) suicide or attempted suicide, while sane or insane; or
- (2) any intentionally self-inflicted injury; or
- (3) any disease or infirmity of mind or body; or medical or surgical treatment; or
- (4) an act of declared or undeclared war, whether or not the *insured* is a member of any armed forces; or
- (5) any unlawful participation in a riot; or
- (6) an attempt to commit, or commission of, an assault or felony; or
- (7) voluntary inhalation of any kind of gas except while in performance of those duties considered within the scope of occupation or employment; or
- (8) the voluntary taking of any drug unless taken as prescribed by a physician; or
- (9) riding in or descending from any kind of aircraft;
 - (a) as a passenger in any aircraft operated by or for the armed forces; or
 - (b) as a participant in a sporting event or hobby; or
 - (c) as a pilot, crew member or participant in training. Crew member includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

RIGHT TO EXAMINE. We have the right to examine the *insured's* body and to have an autopsy performed, at *our* expense, unless prohibited by law.

TERMINATION. This rider will terminate;

- (1) when the policy terminates; or
- (2) when any premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) on receipt of *your written notice* requesting termination within 31 days of a premium due date; or
- (4) on the anniversary nearest the *insured's* 70th birthday.

CONTRACT. This rider is made a part of the policy and is based on the application for this rider and payment of the premium.

CONTESTABLE AND SUICIDE PERIOD. As applied to this rider, the contestable and suicide periods shall be measured from the *issue date* of this rider.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

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Secretary

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President

The Union Central Life Insurance Company
Cincinnati, Ohio

CHILDREN'S INSURANCE RIDER

PERSONS INSURED. This rider insures each child of the *insured* if the child is:

- (1) named in the application for this rider; or
- (2) born after the date of the application; or
- (3) adopted by the *insured* after the date of the application and before the child's 18th birthday.

This rider does not insure any child less than 15 days old nor after the child's 25th birthday.

PAYMENT OF INSURANCE. *We* will pay the benefit amount under this rider as soon as *we* receive satisfactory proof that an insured child died while this rider is in force. Unless otherwise provided, the benefit will be paid to:

- (1) the *insured*, if living; otherwise
- (2) the *insured's* spouse, if any; otherwise
- (3) the estate of the deceased.

DEATH OF INSURED. If the *insured* dies (except by suicide within two years of the *issue date* of this rider) while this rider is in force, the payment of premiums for this rider will be waived. Conversion will be allowed as provided by this rider. If the *insured* commits suicide during the first two years of the policy, there is a 31 day period for conversion for each insured child.

CONVERSION PRIVILEGE. *You* may convert the insurance on each insured child, without evidence of insurability, no later than 31 days after the insured child's 25th birthday if no premium is in default. The face amount of the new policy must be at least \$25,000. *You* must give *us* written notice. Before the insured child's 25th birthday, the face amount of the new policy may not exceed the benefit amount of the rider on the date of conversion. On or after the insured child's 25th birthday, the face amount of the new policy may not exceed five times the benefit amount of the rider on the date of conversion.

The new policy may be any permanent plan issued by *us* on the date of conversion. The *policy date* of the new policy will be the date of conversion. Insurance under this rider on that insured child will terminate on the date of conversion. The incontestability and suicide provisions of the new policy shall be measured from the *issue date* of this rider up to the benefit amount of this rider on the date of conversion. For any additional face amount, the incontestability and suicide provisions will run from the *issue date* of the new policy.

INCONTESTABILITY. In the absence of fraud, *we* will not contest this rider with respect to each insured child after the benefit amount on that child has been in force during that child's life for two years. *Our* total liability will be to return the premiums paid while the insurance on that child's life was in force. If this rider is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

SUICIDE. If any insured child under this rider commits suicide (while sane or insane) within two years after the date that child's insurance starts, *our* total liability will be to return the premiums paid while the insurance on that child was in force.

TERMINATION. This rider will terminate:

- (1) when the policy terminates for any reason other than the death of the *insured*; or
- (2) when the premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term; or
- (5) on the anniversary nearest the *insured's* 65th birthday; or
- (6) if the death of the *insured* shall occur by suicide within two years from the *issue date* of this rider.

REINSTATEMENT. Within five years after this rider terminates, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force;
- (2) *you* provide *us* with evidence of insurability on each insured child; and
- (3) *you* pay all overdue premiums with interest at the contract rate shown on the policy schedule compounded annually from the due date of each premium.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

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Secretary

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President

The Union Central Life Insurance Company
Cincinnati, Ohio

GUARANTEED INSURABILITY RIDER

BENEFIT. On each option date while this rider is in force, *you* may purchase a new policy on the life of the *insured*. No evidence of insurability will be required. The option dates will be the policy anniversary nearest the *insured's* 25th, 28th, 31st, 34th, 37th and 40th birthdays.

ADVANCING OF OPTION DATES. *You* may elect to advance the next option date when one of these events happens:

- (1) the date of the *insured's* marriage; or
- (2) the date of the live birth of a child of the *insured's* marriage; or
- (3) the date of legal adoption by the *insured* of a child under 18 years of age.

If more than one child is born or adopted on the same date, an option date will be advanced with respect to each child. An advanced option date will replace the next regular option date. At no time may the total number of options that are elected be more than the number of option dates that occur after the effective date of this rider.

OPTION PERIOD. The option period for an option date begins 60 days before and ends 31 days after that date. The option period for an option date that has been advanced begins on the date of any occasion in the ADVANCING OF OPTION DATES section and ends 91 days after that date.

PURCHASE OF NEW POLICY. A new policy may be purchased at any time within the option period provided that:

- (1) no premium is in default and this rider is in force on that date; and
- (2) the amount of the new policy is at least \$25,000 but not more than the option amount; and
- (3) written application, signed by *you* and the *insured*, in a form satisfactory to *us* is received; and
- (4) if applicable, proof of marriage, birth or adoption is received by *us*.

The new policy may be any permanent life plan issued by *us* when the new policy is purchased. The new policy will be the same premium class as the base policy to which this rider is attached. The *policy date* of the new policy will be the date on which the application and first premium for the new policy, and any proof of marriage, birth or adoption are received. In no event will the new policy become effective before its *policy date*. The premium rate for the new policy will be *our* then published rate at the age of the *insured* on the birthday nearest the *policy date* of the new policy. If more than one option is elected at the same time and the new insurance is combined in one policy, the number of options elected will be the same as if the insurance had not been combined.

A Waiver of Premium for Total Disability Rider may be issued with the new policy without evidence of insurability if:

- (1) such rider is contained in this policy and is in force at the time of purchase of the new policy; and
- (2) the *insured* is not totally disabled on the date the application for the new policy is made.

An Accidental Death Benefit Rider may be issued with the new policy without evidence of insurability if:

- (1) such rider is contained in this policy and is in force at the time of purchase of the new policy; and
- (2) the amount of accidental death benefit issued with the new policy is not more than the amount of the new policy; and
- (3) the total amount of accidental death benefit in all policies issued by *us* on the *insured's* life does not exceed \$150,000.

AUTOMATIC ISSUE. If the policy contains a Waiver of Premium for Total Disability Rider and premiums are being waived on an option date, *we* will issue a new policy for the option. The new policy will be a Whole Life Policy and will contain a Waiver of Premium for Total Disability Rider. Premiums on the new policy will be waived during the continuance of disability as defined in the rider.

AUTOMATIC TERM INSURANCE. *We* will provide free term insurance on the life of the *insured* for the option period of an available option date caused by marriage, birth, or adoption of a child. The insurance is not payable if the *insured* dies by suicide, while sane or insane. The amount will be equal to the option amount. This insurance will expire at the end of the option period.

If, while the temporary term insurance is in force, a new policy is issued and the *insured* dies, the amount of the temporary term insurance will be paid to the beneficiary of the new policy. The only amount payable under the new policy will be the refund of any premiums paid. Before payment will be made, the new policy must be surrendered to *us*.

TERMINATION. This rider will terminate:

- (1) when the policy terminates; or
- (2) if any premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) if the policy is changed to a paid-up policy; or
- (4) if the face amount of the policy is reduced to less than \$25,000; or
- (5) at the end of the option period for the last regular option date.

REINSTATEMENT. Within five years after *your* rider terminates, *you* may put this rider back in force by *written notice* to *us* if:

- (1) the policy is in force; and
- (2) *you* provide *us* with evidence of insurability; and
- (3) *you* pay all overdue premiums, with interest at the contract rate shown on the policy schedule compounded annually from the due date of each premium.

REDUCTION OF OPTION AMOUNT. If the face amount of the policy is reduced below the option amount but not below \$25,000, the option amount will be reduced to the face amount of the reduced policy. Premiums for this rider will be reduced accordingly.

CONTESTABLE PERIOD. As applied to this rider, the contestable period shall be measured from the *issue date* of this rider.

CONTRACT. This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider and payment of premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a revised policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

A stylized, handwritten signature in black ink, appearing to read 'SECRETARY'.

Secretary

A stylized, handwritten signature in black ink, appearing to read 'PRESIDENT'.

President

The Union Central Life Insurance Company
Cincinnati, Ohio

ONE-YEAR TERM AND PAID-UP LIFE INSURANCE RIDER

PAYMENT OF INSURANCE. We will pay the amount of the death benefit in force under this rider as soon as we receive satisfactory proof of the *insured's* death. Payment is subject to the terms and provisions of the policy and this rider. The death benefit of this rider equals the amount of paid-up and term insurance in effect under this rider when the insured dies. This amount may be less due to *policy debt*, partial withdrawals and dividends. The total death benefit paid under this rider will never exceed the greater of (1) or (2) as shown below:

- (1) (a) the rider amount shown on the policy schedule; less
(b) the amount of any paid-up additions under the policy; less
(c) the amount of any paid-up additions purchased with dividends and premiums under any other rider attached to this policy.
- (2) the amount of paid-up additions under this rider.

AMOUNT OF INSURANCE. The amount of insurance for the first rider year and net premiums per \$1,000 for this rider is shown on the policy schedule. The amount of insurance under this rider may be renewed for additional annual periods. We have the right to request evidence of insurability for an increase in coverage under the term insurance of this rider over that provided during the rider year immediately preceding the increase. At the beginning of each policy year, the amount of term insurance is determined as follows:

- (1) the amount of this rider shown on the policy schedule; less
- (2) the amount of all paid-up additions under this rider. This includes the amount purchased by any dividends on the most recent policy anniversary and any amount purchased by the current net premium being applied for this policy year; less
- (3) the amount of all paid-up additions under this policy, including the amount purchased by any dividends on the most recent policy anniversary; less
- (4) the amount of any paid-up additions purchased with dividends and premiums under any other rider attached to this policy, including the amount purchased on the most recent policy anniversary.

This amount of term insurance will remain level throughout the policy year while this rider is in force.

PREMIUM. Both the annual and net premium for this rider is shown on the policy schedule. The net premium is the annual premium for this rider less all premium expense charges. Premium for subsequent rider years is determined in accordance with the insured's attained age. Annual premiums, if sufficient, will be used to purchase one-year term and paid-up insurance in order to maintain a level premium and level face amount. In the event no term insurance is required, the net premium will be applied as a net single premium to purchase paid-up life insurance. The net premium is calculated by multiplying the amount of one-year term and / or paid-up purchased that rider year by the applicable amount per \$1,000 shown on the policy schedule. Rider premium is payable at the same time and interval as the policy to which the rider is attached.

APPLICATION OF PREMIUMS. In the event that the net premium is greater than the term insurance premium due for the current policy year, the excess will be applied as a net single premium to purchase paid-up additions.

In the event that the net premium is less than the term insurance premium due for the current policy year, the deficit will be covered by the surrender of existing paid-up additions.

In the event that the net premium plus the surrender of all paid-up additions under this rider, under any other insurance rider attached to this policy and under the policy are not sufficient to cover the current term insurance premium, you must select (1), (2) or (3) below:

- (1) Pay an additional premium to cover the deficit. We must receive this payment within 31 days of your policy anniversary. This option cannot be used to reinstate any reductions in amount of term insurance created by selecting option (3) in any previous policy year(s).
- (2) Take a policy loan to cover the deficit, subject to the loan provision. The loan will equal the cost of the term insurance premium less the sum of the current premium and the surrender of all paid-up additions.
- (3) Reduce the amount of term insurance to that amount which the net premium plus the surrender of all paid-up additions under this policy can provide.

If *you* do not select (1), (2) or (3) above, and the Automatic Premium Loan provision under *your* policy is in effect, and if sufficient value is available, *we* will apply this amount to cover the deficit. If the Automatic Premium Loan provision is not in effect, *we* will notify *you* of the amount of premium required to cover the deficit.

VALUES. This rider does have cash value and loan value. The cash value of any paid-up life insurance will be the net single premium for the insurance at the *attained age* of the *insured*. On any policy anniversary, the one-year term insurance provided under this benefit has no cash value. During the policy year, the cash value of any one-year term insurance is equal to the unused term insurance premium corresponding to the period from the date of surrender to the end of the policy year. The net single premiums for this benefit are shown on the policy schedule. Values for other rider years will be given to *you* upon request. Loans and surrenders are subject to the same terms, conditions and privileges as set forth in the base policy.

TERMINATION. This rider shall terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy is in default beyond the end of the premium's grace period; or
- (3) when the policy is changed to a paid-up policy; or
- (4) when the policy goes on extended term; or
- (5) when, except for payment of premium under this policy, paid-up additions are surrendered
 - (a) under this rider; or
 - (b) under any other rider attached to this policy; or
 - (c) under the policy.
- (6) the policy anniversary following *our* receipt of *your written notice* to replace the "Paid-Up Additions" option with any other dividend option. If *you* decide to choose a different dividend option, any paid-up additions in force under this rider, under any other rider and under *your* policy will be continued.
- (7) when this rider is surrendered for its net cash value; or
- (8) the date the rider proceeds are paid.

DIVIDENDS. This rider will share in *our* divisible surplus. *We* will determine annually the share for this rider, if any. The purchase of paid-up additions must be selected as the dividend option for the policy and this rider. Dividends under this rider are subject to the same terms, conditions, privileges and options as set forth in the base policy, even if this rider is issued at a later date.

INCONTESTABILITY. If this rider is reinstated, the contestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

REINSTATEMENT. This rider may be reinstated upon reinstatement of the policy.

SUICIDE. For the first two full years from the *issue date*, *we* will not pay if the *insured* commits suicide (while sane or insane). *We* will terminate this rider and give back the premiums paid, less *policy debt*, and any partial withdrawals.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider and payment of the premium. Should any statement in the policy or in any paid-up additions rider attached to the policy conflict with any statements in this rider the provisions of this rider shall prevail.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

A stylized, cursive handwritten signature in black ink is written over the word "SPECIMEN". The signature appears to be "J. H. Smith".

Secretary

A stylized, cursive handwritten signature in black ink is written over the word "SPECIMEN". The signature appears to be "J. H. Smith".

President

The Union Central Life Insurance Company
Cincinnati, Ohio

TOTAL DISABILITY BENEFIT RIDER

BENEFIT. The amount of the benefit provided by this rider is shown on the policy schedule. This amount is credited towards the payment of premium during continued disability when the premium payment interval is annual. If the premium interval is other than annual, the benefit credited will be reduced proportionately; i.e., one-half for semi-annual; one-quarter for quarterly. The benefit will be credited during continued disability at the interval of payment in effect when total disability begins. We will credit the benefit upon receipt of satisfactory proof that:

- (1) the *insured* is totally disabled; and
- (2) total disability began while this rider was in force; and
- (3) total disability has continued for six consecutive months.

If total disability begins:

- (1) Before age 60: the benefit will be credited during that disability.
- (2) On or after age 60, but before age 63: the benefit will be credited only toward premium due before age 65 and during that disability.
- (3) On or after age 63, but before age 65: the benefit will be credited only during the two-year period after that disability begins and while it continues.

As used in this rider, "age 60," "age 63," and "age 65" means the policy anniversaries nearest the *insured's* 60th, 63rd and 65th birthdays, respectively.

DEFINITION OF TOTAL DISABILITY. Total disability is a disability which:

- (1) results from bodily injury or disease; and
- (2) lasts for at least six months; and
- (3) begins before age 65; and
- (4) continuously prevents the *insured* from being able to engage in an occupation for pay or profit. During the first 24 months of total disability, "an occupation" means the regular occupation of the *insured* at the time that disability began. After the first 24 months of total disability, "an occupation" means any occupation for which the *insured* is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker, if that was the *insured's* regular occupation at the time that the disability began.

Total disability is also the total and irrevocable loss, by the *insured*, of:

- (1) the sight of both eyes; or
- (2) the use of both hands; or
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

WRITTEN NOTICE AND PROOF OF DISABILITY. Written notice and satisfactory proof of the *insured's* total disability must be given to us:

- (1) during the life of the *insured*; and
- (2) during the period of total disability; and
- (3) within one year after the beginning of the total disability.

Failure to give *written notice* and satisfactory proof within the time required will not invalidate a claim if the *written notice* and satisfactory proof were given as soon as was reasonably possible; however, no benefit amount will be credited towards any premium due more than one year prior to receipt of satisfactory proof by *us*.

Satisfactory proof of continuance of total disability must be given to *us* as often as *we* reasonably require. After the first two years of continuous total disability, satisfactory proof will not be required more than once a year. Examination of the *insured* at *our* expense by physicians approved by *us* may be required as part of any satisfactory proof. If satisfactory proof is not given to *us* when required, no further benefit will be paid.

EXCLUSION AND LIMITATIONS. No benefit will be paid if disability results from, or is contributed to by:

- (1) intentionally self-inflicted injury; or
- (2) an act of declared or undeclared war while the *insured* is a member of any armed forces.

APPLICATION OF BENEFIT TOWARDS PREMIUM. The benefit provided by this rider will be credited in the following manner:

- (1) toward payment of premium for the policy and any riders, exclusive of any term rider or any paid-up rider; then any remainder as shown in 2, 3, or 4 below:
- (2) where both the term and paid-up riders are attached to the policy;
 - (a) towards payment of premium for the combination of:
 - (i) term insurance; and
 - (ii) paid-up insurance to maintain the same level of coverage as that provided during the policy year immediately preceding disability; then
 - (b) any remainder toward the purchase of additional paid-up insurance.
- (3) where only the term rider is attached to the policy;
 - (a) toward payment of premium for term insurance. Coverage will be at the same level as that provided during the policy year immediately preceding disability; then
 - (b) any remainder will be paid in cash.
- (4) where only the paid-up rider is attached to the policy, toward the purchase of paid-up insurance.

PAYMENT OF PREMIUMS. Premiums are payable in full until *we* have approved a claim for total disability. A refund will be made of any premium paid, or portion thereof, which is later credited under this rider.

TERMINATION OF RIDER. This rider will terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy or this rider is in default beyond the end of the premium's grace period; or
- (3) when *written notice* is given to *us* within 31 days of a premium due date; or
- (4) at age 65 of the *insured*. However, this termination will not affect an eligible claim for disability that occurred before age 65.

CONTRACT. This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

A stylized, handwritten signature in black ink, appearing to read 'SECRETARY'.

Secretary

A stylized, handwritten signature in black ink, appearing to read 'PRESIDENT'.

President

The Union Central Life Insurance Company
Cincinnati, Ohio

WAIVER OF PREMIUM RIDER

BENEFIT. We will waive the premiums for the policy and riders stated on the policy schedule other than any paid-up riders, upon receipt of satisfactory proof that:

- (1) the *insured* is totally disabled; and
- (2) total disability began while this rider was in force; and
- (3) total disability has continued for six consecutive months.

If total disability begins:

- (1) Before age 60: premiums due during that disability will be waived.
- (2) On or after age 60, but before age 63: only premiums due before age 65 and during that disability will be waived.
- (3) On or after age 63, but before age 65: only premiums due during the two-year period after that disability begins and while it continues will be waived.

Premiums will be waived at the interval of payment in effect when total disability begins. As used in this rider, "age 60," "age 63," and "age 65" means the policy anniversaries nearest the *insured's* 60th, 63rd, and 65th birthdays, respectively.

DEFINITION OF TOTAL DISABILITY. Total disability is a disability which:

- (1) results from bodily injury or disease; and
- (2) lasts for at least six months; and
- (3) begins before age 65; and
- (4) continuously prevents the *insured* from being able to engage in an occupation for pay or profit. During the first 24 months of total disability, "an occupation" means the regular occupation of the *insured* at the time that disability began. After the first 24 months of total disability, "an occupation" means any occupation for which the *insured* is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker, if that was the *insured's* regular occupation at the time that the disability began.

Total disability is also the total and irrevocable loss, by the *insured*, of:

- (1) the sight of both eyes; or
- (2) the use of both hands; or
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

WRITTEN NOTICE AND PROOF OF DISABILITY. *Written notice* and satisfactory proof of the *insured's* total disability must be given to *us*:

- (1) during the life of the *insured*; and
- (2) during the period of total disability; and
- (3) within one year after the beginning of the total disability.

Failure to give *written notice* and satisfactory proof within the time required will not invalidate a claim if the *written notice* and satisfactory proof were given as soon as was reasonably possible; however, no premium due more than one year prior to receipt of satisfactory proof by *us* will be waived.

Satisfactory proof of continuance of total disability must be given to *us* as often as *we* reasonably require. After the first two years of continuous total disability, satisfactory proof will not be required more than once a year. Examination of the *insured* at *our* expense by physicians approved by *us* may be required as a part of any satisfactory proof. If satisfactory proof is not given to *us* when required, no further monthly deductions will be waived.

EXCLUSION AND LIMITATIONS. No benefit will be paid if disability results from or is contributed to by:

- (1) intentionally self-inflicted injury; or
- (2) an act of declared or undeclared war while the *insured* is a member of any armed forces.

PAYMENT OF PREMIUMS. Premiums are payable until *we* have approved a claim for waiver of premium for total disability. A premium paid and later waived will be refunded.

TERMINATION OF RIDER. This rider will terminate:

- (1) when the policy terminates; or
- (2) when any premium for the policy for this rider is in default beyond the end of the premium's grace period; or
- (3) when *written notice* is given to *us* within 31 days of a premium due date; or
- (4) on the policy anniversary nearest the *insured's* 65th birthday. However, this termination will not affect an eligible claim for disability that occurred before age 65.

CONTRACT. This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider and payment of the premium.

RIDER SPECIFICATIONS. The benefit amount and premium for this rider are shown on the policy schedule. The *issue date* of this rider is the same as that stated on the policy schedule for the policy except when this rider is issued at a later date. If this rider is issued after the policy is issued, a supplemental policy schedule will be issued reflecting the specifications for this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY



Secretary



President

<i>SERFF Tracking Number:</i>	<i>AMFA-125738611</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Central Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39751</i>
<i>Company Tracking Number:</i>	<i>8613</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>8613</i>		
<i>Project Name/Number:</i>	<i>8613/8613</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-125738611 State: Arkansas
Filing Company: The Union Central Life Insurance Company State Tracking Number: 39751
Company Tracking Number: 8613
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 8613
Project Name/Number: 8613/8613

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 07/17/2008

Comments:

Certifications attached.

Attachments:

AR-Regulation 19 Certification.pdf

AR-Regulation 49 Certification.pdf

AR-Readability Certification.pdf

Review Status:

Satisfied -Name: Application 07/17/2008

Comments:

Application UN 2550 component pages attached for your reference. These pages were approved on 12-17-2007 under Arkansas State Filing #37656.

Attachment:

UN 2550 Application.pdf

Review Status:

Satisfied -Name: Life & Annuity - Actuarial Memo 07/17/2008

Comments:

Actuarial memorandum attached.

Attachment:

8613-Actuarial Memorandum.pdf

Review Status:

Satisfied -Name: Exhibit of Forms 07/27/2008

Comments:

Exhibit A - forms being filed for approval.

Exhibit B - forms previously approved to be used with these forms.

Attachments:

EXHIBIT A-AR.pdf

<i>SERFF Tracking Number:</i>	<i>AMFA-125738611</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Central Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39751</i>
<i>Company Tracking Number:</i>	<i>8613</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>8613</i>		
<i>Project Name/Number:</i>	<i>8613/8613</i>		

EXHIBIT B-AR.pdf

<i>SERFF Tracking Number:</i>	<i>AMFA-125738611</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Union Central Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39751</i>
<i>Company Tracking Number:</i>	<i>8613</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>8613</i>		
<i>Project Name/Number:</i>	<i>8613/8613</i>		

Review Status:

Satisfied -Name: Statement of Variability

07/27/2008

Comments:

Statement of Variability attached.

Attachment:

8613 Statement of Variability.pdf

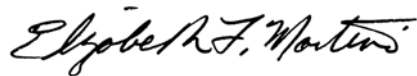
STATE OF ARKANSAS

Insurer: The Union Central Life Insurance Company

This is to certify that the attached form(s) are in compliance with Rule and Regulation 19:

FORM NUMBER:	FORM NAME:
8613	Fixed Premium Whole Life Policy
UOYT01	One-Year Term Rider
UPUR01	Paid-Up Rider
UTADB01 AR	Accidental Death Benefit Rider
UTCIR01	Children's Insurance Rider
UTGIR01	Guaranteed Insurability Rider
UTPL01	One-Year Term and Paid-Up Life Insurance Rider
UTTDB01	Total Disability Benefit Rider
UWPR01	Waiver of Premium Rider

SIGNATURE:



TYPED NAME:

Elizabeth F. Martini

TITLE:

Vice President and Managing Attorney

DATE:

July 25, 2008

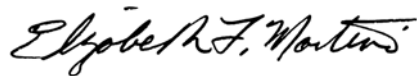
STATE OF ARKANSAS

Insurer: The Union Central Life Insurance Company

This is to certify that the attached form(s) are in compliance with Rule and Regulation 49:

FORM NUMBER:	FORM NAME:
8613	Fixed Premium Whole Life Policy
UOYT01	One-Year Term Rider
UPUR01	Paid-Up Rider
UTADB01 AR	Accidental Death Benefit Rider
UTCIR01	Children's Insurance Rider
UTGIR01	Guaranteed Insurability Rider
UTPL01	One-Year Term and Paid-Up Life Insurance Rider
UTTDB01	Total Disability Benefit Rider
UWPR01	Waiver of Premium Rider

SIGNATURE:



TYPED NAME:

Elizabeth F. Martini

TITLE:

Vice President and Managing Attorney

DATE:

July 25, 2008

STATE OF ARKANSAS

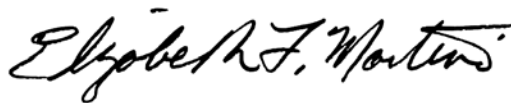
CERTIFICATION OF READABILITY

INSURER: **The Union Central Life Insurance Company**

hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
8613	Fixed Premium Whole Life Policy	52
UOYT01	One-Year Term Rider	51 when scored with policy
UPUR01	Paid-Up Rider	51 when scored with policy
UTADB01 AR	Accidental Death Benefit Rider	50 when scored with policy
UTCIR01	Children's Insurance Rider	52
UTGIR01	Guaranteed Insurability Rider	53
UTPL01	One-Year Term and Paid-Up Life Insurance Rider	50
UTTDB01	Total Disability Benefit Rider	50 when scored with policy
UWPR01	Waiver of Premium Rider	51 when scored with policy

SIGNATURE:



TYPED NAME:

Elizabeth F. Martini

TITLE:

Vice President and Managing Attorney

DATE:

July 25, 2008

CompaniesSM**CHECK ALL COMPANIES THAT APPLY:**

☐ **Acacia Life Insurance Company**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

☐ **Ameritas Life Insurance Corp.**
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

Application for Insurance

Personal Information

☐ **The Union Central Life Insurance Company**
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

1. Proposed Insured (One):

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID: _____
State: _____
- g) Home Address: _____
City: _____ State: _____ Zip: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
In the event you are not available when our interviewer calls,
may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete
Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

2. Owner Information (One): *(Complete only if Owner is other than Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust *(provide copy)* c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID: _____
State: _____
- k) Address: _____
City: _____ State: _____ Zip: _____
- l) Tel. (Home): _____ (Business): _____
Fax: _____ E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete
Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership *(indicate type)*:
☐ Joint with Survivorship
☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

3. Beneficiary Information: *(Subject to change by Owner.)*

- a) Primary Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____

- b) Contingent Beneficiary: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____

Application for Insurance

Personal Information (continued)

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

1. Proposed Insured (Two):

- a) Name: _____
- b) Date of Birth: _____ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued ID: _____ State: _____
- g) Home Address: _____
City: _____ State: _____ Zip: _____
- h) Years at this Address: _____
- i) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: ☐ Business ☐ Home
- In the event you are not available when our interviewer calls,
may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: _____
- k) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete
Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- l) Employer Name: _____
Address: _____
City: _____ State: _____ Zip: _____
- m) Occupation: _____ Years: _____
- n) Duties: _____

3. Proposed Insured: (Child One or Other.)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No.: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No.: _____

2. Owner Information (Two): (Complete only if Owner is other than Proposed Insured.)

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued ID: _____ State: _____
- k) Address: _____

City: _____ State: _____ Zip: _____
- l) Tel. (Home): _____ (Business): _____
Fax: _____ E-mail: _____
- m) Residency Status: ☐ U.S. Resident ☐ Other: _____
- n) Are you a U.S. Citizen: ☐ Yes ☐ No If "No," complete
Foreign National form UN 0918 and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- o) Multiple Ownership (indicate type):
☐ Joint with Survivorship
☐ Tenants in Common
- p) Successor Owner:
Name: _____
Social Security/Tax ID No.: _____

4. Proposed Insured: (Child Two or Other.)

- a) Name: _____
- b) Relationship: _____
- c) Date of Birth: _____ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: _____
- f) Social Security No.: _____
- g) Ins. in Force/Company: _____
- h) Driver's License No.: _____



CompaniesSM

The Union Central Life Insurance Company

P.O. Box 40888, Cincinnati, OH 45240

800-319-6901, Fax 513-595-2352

Universal Life / Traditional Life

Policy Details

1. Universal Life :

- a) Specified Amount (base only):\$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
☐ Option A (*Specified Amount*)
☐ Option B (*Specified Amount plus Account Value*)
☐ Option C (*Return of Premium*)
- c) Life Insurance Qualification Test:
☐ GPT (*Guideline Premium Test*)
☐ CVAT (*Cash Value Accumulation Test*)
- d) Planned Periodic Premium (*modal*):\$ _____
Additional First-Year Premium (*lump-sum deposits*): \$ _____
- e) Single Life Supplementary Benefits:
☐ Waiver of Monthly Deductions Rider
☐ Total Disability Benefits Rider: \$ _____
☐ Accidental Death Benefit Rider: \$ _____
☐ Guaranteed Insurability Rider: \$ _____
☐ Supplemental Coverage Rider: \$ _____
☐ Accounting Benefit Rider: \$ _____
☐ Other Insured Term Rider: \$ _____
☐ Children's Insurance Rider: \$ _____
☐ Accelerated Benefits Rider (*include Disclosure Statement*)
☐ Scheduled Increase Rider: _____ %
☐ Other: _____
- f) Survivorship Supplementary Benefits:
☐ Policy Split Rider
☐ Estate Protection Rider
☐ Term Insurance Rider
☐ To Age: _____ Amount: \$ _____
☐ Scheduled Increase Option Rider: _____ %
☐ Maturity Extension
☐ Waiver of Monthly Deductions Rider
☐ Cost of Living Rider
☐ Other: _____
- g) Indexed UL Account Allocations
 _____ % Fixed Account: a current interest rate.
 _____ % Capped Participation Account: a 100% participation rate on a limited percentage increase in the S & P Index.
 _____ % Uncapped Participation Account: a lower participation rate on unlimited percentage increases in the S & P Index.
100 % Total

2. Term Life:

- a) Specified Amount:\$ _____
- b) Plan of Insurance:
☐ Term 1 ☐ Term 10 ☐ Term 15
☐ Term 20 ☐ Term 30 ☐ Other: _____
- c) Supplementary Benefits:
☐ Waiver of Premium Rider
☐ Accidental Death Benefit Rider: \$ _____
☐ Accelerated Benefits Rider (*include Disclosure Statement*)
☐ Children's Insurance Rider: \$ _____
☐ Other: _____

3. Whole Life:

- a) Specified Amount: \$ _____
Plan of Insurance: _____
- b) Dividend Option:
☐ Paid-up additions
☐ Cash
☐ Accumulate at Interest
☐ Reduce premium (*not on monthly modes*)
☐ One-year term
☐ Other: _____
- c) Nonforfeiture Option:
☐ Extended Term Insurance
☐ Reduce Paid Up
☐ Automatic Premium Loan
- d) Supplementary Benefits:
☐ Waiver of Premium Rider
☐ Total Disability Benefit Rider
☐ Accidental Death Benefit Rider: \$ _____
☐ Term Paid-up Rider (*TPL*): \$ _____
☐ Paid-Up Rider:
 Annual Premium: \$ _____
 Single Premium: \$ _____
☐ One Year Term Rider: \$ _____
☐ Future Purchase Option Rider: \$ _____
☐ Accelerated Benefits Rider (*include Disclosure Statement*)
☐ Estate Protection Rider
☐ Children's Insurance Rider: \$ _____
☐ Other: _____

4. Premium:

- a) Send Premium Notices to: ☐ Residence ☐ Business
☐ Owner ☐ Other: (*Specify relationship and address.*)
☐ Insured
- b) Premium Frequency: _____
☐ Annual ☐ Electronic Fund Transfer (*complete EFT form*)
☐ Semi-Annual ☐ Salary Allotment
☐ Quarterly ☐ Other: _____
- c) Has any premium been given in connection with this application?
☐ Yes ☐ No (*If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)
 Amount: \$ _____

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800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Universal Life / Traditional Life / VUL Financial Information

1. Existing and Pending Insurance - Proposed Insured(s):

- | | Proposed
Insured One | Proposed
Insured Two |
|---|-------------------------|-------------------------|
| a) Total insurance in force on the Proposed Insured(s). | \$ _____ | \$ _____ |
| b) Total insurance currently pending with all companies, including this application. | \$ _____ | \$ _____ |
| c) Of the above pending amount, how much do you intend to accept? \$ _____ | \$ _____ | |
| d) Provide information for each policy in force on the Proposed Insured(s). (Attach additional page if necessary.) | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| Proposed Insured: <input type="checkbox"/> One <input type="checkbox"/> Two | | |
| Company: _____ | | |
| Group, Personal or Business: _____ | | |
| Issue Date: _____ | | |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Face Amount: _____ | | |
| e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) | | |

2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No (If "Yes," complete a Replacement Notice if required by State Law.)
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued?
- ☐ Yes ☐ No (If "Yes," give details.)

Company: _____ Policy No.: _____

Amount: \$ _____ Date: _____

Type of Policy: _____

3. Insurance Producer's Replacement Statement:

- a) To the best of your knowledge, does the applicant have any existing insurance policies or contracts? ☐ Yes ☐ No
- b) To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance?
- ☐ Yes ☐ No (If "Yes," give details.)
- Company: _____ Policy No.: _____
- c) Will a policy loan on one or more policies be utilized to pay any portion of the initial premium or deposit on the policy applied for?
- ☐ Yes ☐ No (If "Yes," give policy number(s) involved.)

4. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application? ☐ Yes ☐ No
- b) Will the premiums be financed through a loan? ☐ Yes ☐ No (If "Yes," list: lender, duration of loan, and collateral required.)
- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy? ☐ Yes ☐ No (If "Yes," give details.)
- d) Will the policy, if issued, be placed in a trust? ☐ Yes ☐ No (If "Yes," give details and provide copy of trust.)

5. Financial Questions:

- | | Proposed
Insured One | Proposed
Insured Two |
|--|--|-------------------------|
| a) Gross annual earned income: (salary, commissions, bonuses, etc.) | \$ _____ | \$ _____ |
| b) Gross annual unearned income: (dividend, interest, net real estate income, etc.) | \$ _____ | \$ _____ |
| c) Household net worth: \$ | | |
| d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems (bankruptcy, etc.)? | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) | |
| e) If Owner, other than the proposed insured, is an individual: | | |
| Net Worth: \$ | | |
| Net Annual Income: \$ | | |
| Total Family Income: \$ | | |

6. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer
- ☐ Securities ☐ Relative ☐ Premium Finance
- ☐ Sale of personal property or real estate.
- ☐ Insurance/Annuities (Loans/Withdrawals).
- ☐ 1035 Exchange
- ☐ Insurance or annuity maturity value or death benefit.
- ☐ Rollover/Transfer of 401(k) or Pension Funds.
- ☐ Other: _____

7. Business Insurance: (Complete for ALL Business Owned Insurance.)

- | | Current Year | Previous Year |
|---|--|---------------|
| a) Assets: | \$ _____ | \$ _____ |
| b) Liabilities: | \$ _____ | \$ _____ |
| c) Gross Sales: | \$ _____ | \$ _____ |
| d) Net Income after taxes: | \$ _____ | \$ _____ |
| e) Fair Market Value of the business: | \$ _____ | \$ _____ |
| f) What percentage of the business is owned by Proposed Insured(s)? _____ % | | |
| g) Are other partners / owners / executives being insured? | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," give details.) | |

Application for Insurance Lifestyle Questionnaire

Acacia Life Insurance Company
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800-745-1112 Fax 402-467-7335
(Client Service Department)

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800-745-1112 Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352

Lifestyle Questions: (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

1. Used tobacco or nicotine products in any form within the last five years? (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.) ☐ Yes ☐ No
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? (In Details, provide date, reason, and company name.) ☐ Yes ☐ No
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition? ☐ Yes ☐ No
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft? (If "Yes," complete Aviation Questionnaire.) ☐ Yes ☐ No
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years? ☐ Yes ☐ No
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law? ☐ Yes ☐ No
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.? (If "Yes," complete Foreign Travel Questionnaire.) ☐ Yes ☐ No
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization? (If "Yes," complete Military Service Questionnaire.) ☐ Yes ☐ No
9. Engaged in or plan to engage in any form of the following: (If "Yes," check all boxes below that apply and complete appropriate form(s).) ☐ Yes ☐ No

<input type="checkbox"/> Motorized Racing	<input type="checkbox"/> Scuba diving
<input type="checkbox"/> Parachuting/Skydiving	<input type="checkbox"/> Hang-gliding
<input type="checkbox"/> Ballooning	<input type="checkbox"/> Mountain climbing
<input type="checkbox"/> Rodeo	<input type="checkbox"/> Competitive skiing
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Gliding
<input type="checkbox"/> Boat racing	<input type="checkbox"/> Other: _____

Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and timeframe.)

Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and timeframe.)

Application for Insurance Health Questionnaire

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(Client Service Department)

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800-319-6901, Fax 513-595-2352

Name of Proposed Insured: _____

Health Questions. Please complete Details for "Yes" answers.

1. a) Height: _____ b) Weight: _____
 c) Have you lost 10 lbs. or more in the past 12 months? ☐ Yes ☐ No
 d) Have you gained 10 lbs. or more in the past 12 months? ☐ Yes ☐ No
2. Have you ever been medically treated for or had any known indication of:
 - a) Disorder of eyes, ears, nose, or throat? ☐ Yes ☐ No
 - b) Dizziness, vertigo, fainting, seizures, recurrent headache; speech defect, paralysis, or stroke? ☐ Yes ☐ No
 - c) Shortness of breath, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder? ☐ Yes ☐ No
 - d) Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels? ☐ Yes ☐ No
 - e) Jaundice, intestinal bleeding; ulcer, hernia, colitis, hepatitis, diverticulitis, recurrent indigestion or other disorder of the stomach, intestines, liver or gallbladder? ☐ Yes ☐ No
 - f) Sugar, albumin, blood or pus in urine; sexually transmitted disease; stone or other disorder of kidney or bladder? ☐ Yes ☐ No
 - g) Diabetes, thyroid, or other endocrine disorders? ☐ Yes ☐ No
 - h) Disorder of breasts, reproductive organs, or prostate? ☐ Yes ☐ No
 - i) Neuritis, arthritis, rheumatism, gout, or disorder of or injury to the bones, muscles, nerves, knees, wrists or other joints? ☐ Yes ☐ No
 - j) Disorder of skin, lymph glands, cyst, tumor or cancer? ☐ Yes ☐ No
 - k) Allergies; anemia or other disorder of the blood? ☐ Yes ☐ No
 - l) Spinal, neck or back disorder or injury, including sprains, strains, or disc disorder? ☐ Yes ☐ No
 - m) Anxiety, depression, stress or other mental, nervous, psychiatric or emotional disorder? ☐ Yes ☐ No
 - n) Chronic fatigue, fibromyalgia, or Epstein-Barr virus? ☐ Yes ☐ No
 - o) C-section, miscarriage, or complication of pregnancy? ☐ Yes ☐ No
 - p) Any mental or physical disorder not listed above? ☐ Yes ☐ No
3. Have you ever consulted a chiropractor? ☐ Yes ☐ No
4. Are you currently pregnant? ☐ Yes ☐ No
5. Other than noted above, have you within the past five years:
 - a) Had a checkup, consultation, illness, injury, or surgery; been a patient in a hospital, clinic, sanatorium, or other medical facility; had an electrocardiogram, X-ray, or other diagnostic test? ☐ Yes ☐ No
 - b) Been advised by a licensed medical professional to have any diagnostic test, hospitalization, or surgery which was not completed? ☐ Yes ☐ No
6. Within the past ten years, have you ever:
 - a) Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician? ☐ Yes ☐ No
 - b) Sought or received medical treatment or professional advice; or been arrested for the use of alcohol, cocaine, marijuana, narcotics or any other drug? ☐ Yes ☐ No
 - c) Consumed alcoholic beverages? If yes, specify extent? ☐ Yes ☐ No

7. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No

8. Have any of your immediate family members (parents, brothers and sisters), died of or been diagnosed as having; coronary artery disease, diabetes, cancer, stroke or kidney disease, prior to age 60? ☐ Yes ☐ No

Age if Living	Cause of Death	Age at Death
Father: _____	_____	_____
Mother: _____	_____	_____
Brothers & Sisters: _____	_____	_____

9. a) Name and address of personal or attending doctor:

b) Telephone: _____
 c) Date last consulted: _____
 Reason and any medication/treatment given: _____

d) List any medications (*prescription or nonprescription*) you are taking currently:

For each "Yes" answer, give details. (*Identify: question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional Health Questionnaire page, UN 2550 HQ, if needed.*)

Application for Insurance Agreement

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800-319-6901, Fax 513-595-2352

Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
 - (1) the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
 - (2) the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name.

X

Signature of Proposed Insured.

Print or Type Name of Other Proposed Insured.

X

Signature of Other Proposed Insured.

Print or Type Owner if not Proposed Insured.

X

Signature of Owner if not Proposed Insured.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

X

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Print or Type Insurance Producer Name.

Producer No./Sit. Code.

X

Signature of Licensed Soliciting Producer.

Producer State Lic. No.

Agency Name.

Agency No.

Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X

Signature of Owner, Trustee/Employer

Date

ACTUARIAL MEMORANDUM
Keystone Foundation Whole Life
Policy Form: 8613

I. *Description*

Form Number 8613 is a level face amount, level premium life insurance contract. The coverage is for life. The premium paying period is until attained age 98.

II. *Reserves & Cash Values*

Reserves

Reserves use the Commissioners Reserve Valuation Method (CRVM) based on fully continuous functions using the appropriate select and ultimate 2001 CSO Table (ANB) with interest at 4.0%. Separate net premiums and reserves are calculated for males and females, as well as for tobacco and non-tobacco classes. Reserves are equal to the cash value, if greater.

Cash Values

Cash values are the greater of the values produced under methods (1) or (2) where:

- (1) is the Commissioners Reserve Valuation Method (CRVM) based on fully continuous functions using the appropriate select and ultimate 2001 CSO Table (ANB) with interest at 4.0%; and
- (2) is the minimum Standard Nonforfeiture Law method (SNFL) based on fully continuous functions using the appropriate ultimate 2001 CSO Table (ANB) interest at 4.0%.

Cash values are calculated for males and females, as well as for tobacco and non-tobacco classes. Cash values per \$1,000 of insurance are rounded up to the next full dollar. Gross premiums vary by sex and underwriting class.

Definition of Terms Used in Cash Value and Reserve Formulae

x = Age at issue

n = Number of years premiums are payable

t = Duration from original issue date measured in years

α = Valuation Net Premium for policy year 1

β = Valuation Net Premium for policy years > 1

${}_tV_x$ = Reserve at end of year t

${}_tCV_x$ = Cash Value at end of year t

${}_n\bar{P}(\bar{A}_x)$ = Net Level Premium

E_1 = Expense Allowance

P_x^a = Adjusted Premium

8613 Reserve Formulae - 2001 CSO (ANB)

$$\alpha = {}_n\bar{P}(\bar{A}_{x:\overline{n}|}) = (\bar{M}_x - \bar{M}_{x+1}) / (\bar{N}_x - \bar{N}_{x+1})$$

$$({}_n\bar{P}(\bar{A}_x)) = \bar{M}_x / (\bar{N}_x - \bar{N}_{x+n})$$

$$\beta = ({}_n\bar{P}(\bar{A}_x)) + ({}_n\bar{P}(\bar{A}_x) - \alpha) / ({}_1\bar{a}_{x:n-1}) = ({}_n\bar{P}(\bar{A}_x)) + ({}_n\bar{P}(\bar{A}_x) - \alpha) / ((\bar{N}_{x+1} - \bar{N}_{x+n}) / D_x)$$

$$({}_tV_x) = \bar{A}_{x+t} - \beta \bar{a}_{x+t:\overline{n-t}|} \quad t \geq 1$$

Sample Reserve Calculations for Age 35 Male Non-Tobacco

$$\alpha = \bar{P}(\bar{A}_{35:\overline{1}|}) = (\bar{M}_{35} - \bar{M}_{36}) / (\bar{N}_{35} - \bar{N}_{36}) = 0.00053$$

$$({}_{63}\bar{P}(\bar{A}_{35})) = \bar{M}_{35} / (\bar{N}_{35} - \bar{N}_{98}) = 0.00986$$

$$\beta = {}_{63}\bar{P}(\bar{A}_{35}) + ({}_{63}\bar{P}(\bar{A}_{35}) - \alpha) / ((\bar{N}_{36} - \bar{N}_{98}) / D_{35}) = 0.01034$$

$$({}_3V_{35}) = \bar{M}_{38}/D_{38} - \beta * (\bar{N}_{38} - \bar{N}_{98}) / D_{38} = 0.01978$$

$$({}_{15}V_{35}) = \bar{M}_{50}/D_{50} - \beta * (\bar{N}_{50} - \bar{N}_{98}) / D_{50} = 0.16692$$

$$({}_{63}\bar{V}_{35}) = \bar{A}_{98} = 0.91537$$

Functional Values Used in the Reserve Calculation (Interest rate = 4.0%)

Attained Age	Dx	\bar{N}_x	\bar{M}_x
35	10,000,000	203,771,223	2,007,947
36	9,610,288	193,967,370	2,002,749
37	9,234,748	184,546,099	1,996,718
38	8,872,728	175,493,568	1,989,745
50	5,425,458	91,204,593	1,848,348
55	4,371,905	66,788,263	1,752,422
98	14,583	31,467	13,349

8613 Cash Value Formulae - 2001 CSO (ANB)

(1) CRVM values (select and ultimate, 4.0% interest):

$$\alpha = {}_n\bar{P}(\bar{A}_{x:\overline{n}|}) = (\bar{M}_x - \bar{M}_{x+1}) / (\bar{N}_x - \bar{N}_{x+1})$$

$$({}_n\bar{P}(\bar{A}_x)) = \bar{M}_x / (\bar{N}_x - \bar{N}_{x+n})$$

$$\beta = ({}_n\bar{P}(\bar{A}_x)) + ({}_n\bar{P}(\bar{A}_x) - \alpha) / ({}_1\bar{a}_{x:n-1}) = ({}_n\bar{P}(\bar{A}_x)) + ({}_n\bar{P}(\bar{A}_x) - \alpha) / ((\bar{N}_{x+1} - \bar{N}_{x+n}) / D_x)$$

$$({}_tV_x) = ({}_tCV_x) = \bar{A}_{x+t} - \beta \bar{a}_{x+t:\overline{n-t}|} \quad t \geq 1$$

(2) SNFL values (ultimate, 4.0% interest):

$$({}_n\bar{P}(\bar{A}_x)) = \bar{M}_x / (\bar{N}_x - \bar{N}_{x+n}) = \bar{A}_x / \bar{a}_{x:\overline{n}|}$$

$$E_1 = 1.25 * \min({}_n\bar{P}(\bar{A}_x), .04) + .01$$

$$P_x^a = (\bar{A}_x + E_1) / \bar{a}_{x:\overline{n}|} = (\bar{M}_x / D_x + E_1) / ((\bar{N}_x - \bar{N}_{x+n}) / D_x)$$

$$({}_tV_x) = ({}_tCV_x) = \bar{A}_{x+t} - P_x^a * \bar{a}_{x+t:\overline{n-t}|} = \bar{M}_{x+t} / D_{x+t} - P_x^a * (\bar{N}_{x+t} - \bar{N}_{x+n}) / D_{x+t}$$

Cash Values are the greater of those under (1) or (2) above.

Sample Cash Value Calculations for Age 35 Male Non-Tobacco

(1) CRVM values (select and ultimate, 4.0% interest):

$$\alpha = \bar{P}(\bar{A}_{35:\overline{1}}) = (\bar{M}_{35} - \bar{M}_{36}) / (\bar{N}_{35} - \bar{N}_{36}) = 0.00053$$

$$({}_{63}\bar{P}(\bar{A}_{35})) = \bar{M}_{35} / (\bar{N}_{35} - \bar{N}_{98}) = 0.00986$$

$$\beta = {}_{63}\bar{P}(\bar{A}_{35}) + ({}_{63}\bar{P}(\bar{A}_{35}) - \alpha) / ((\bar{N}_{36} - \bar{N}_{98}) / D_{35}) = 0.01034$$

(2) SNFL values (ultimate, 4.0% interest):

$$({}_{63}P(A_{35})) = \bar{M}_{35} / (\bar{N}_{35} - \bar{N}_{98}) = .01008$$

$$E_1 = 1.25 * \min({}_{63}\bar{P}(\bar{A}_{35}), .04) + .01 = .02260$$

$$P_{35}^a = (\bar{M}_{35}/D_{35} + E_1) / ((\bar{N}_{35} - \bar{N}_{98}) / D_{35}) = .01119$$

Cash Values:

$$({}_3V_{35}) = ({}_3CV_{35}) = \max[\bar{M}_{38}^{(1)}/D_{38}^{(1)} - \beta*(\bar{N}_{38}^{(1)} - \bar{N}_{98}^{(1)})/D_{38}^{(1)}, \bar{M}_{38}^{(2)}/D_{38}^{(2)} - P_{35}^a(\bar{N}_{38}^{(2)} - \bar{N}_{98}^{(2)})/D_{38}^{(2)}] =$$

\$20.00 per \$1,000

$$({}_{15}V_{35}) = ({}_{15}CV_{35}) = \max[\bar{M}_{50}^{(1)}/D_{50}^{(1)} - \beta*(\bar{N}_{50}^{(1)} - \bar{N}_{98}^{(1)})/D_{50}^{(1)}, \bar{M}_{50}^{(2)}/D_{50}^{(2)} - P_{35}^a(\bar{N}_{50}^{(2)} - \bar{N}_{98}^{(2)})/D_{50}^{(2)}] =$$

\$167.00 per \$1,000

$$({}_{63}V_{35}) = ({}_{63}CV_{35}) = \max(\bar{A}_{98}^{(1)}, \bar{A}_{98}^{(2)}) = 920.00 \text{ per } \$1,000$$

* (1) = CRVM assumptions (select and ultimate, 4.0%), (2) = SNFL assumptions (ultimate, 4.0%)

Functional Values Used in the Reserve Calculation (Interest rate = 4.0%)

Attained Age	Dx	$\bar{N}x$	$\bar{M}x$
35	10,000,000	203,771,223	2,007,947
36	9,610,288	193,967,370	2,002,749
37	9,234,748	184,546,099	1,996,718
38	8,872,728	175,493,568	1,989,745
50	5,425,458	91,204,593	1,848,348
55	4,371,905	66,788,263	1,752,422
98	14,583	31,467	13,349

Functional Values Used in the Cash Value (SNFL) Calculation (Interest rate = 4.0%)

Attained Age	Dx	$\bar{N}x$	$\bar{M}x$
35	10,000,000	202,843,455	2,044,335
36	9,604,904	193,042,330	2,033,646
37	9,224,864	183,628,723	2,022,814
38	8,859,417	174,587,813	2,011,959
50	5,396,140	90,591,235	1,843,087
55	4,346,796	66,309,541	1,746,088
98	14,475	31,233	13,250



David W. Shaver, ASA, MAAA
 2nd VP and Director of Product Development
 June 27, 2008

EXHIBIT A

ARKANSAS

FORMS SUBMITTED FOR APPROVAL

Form Number / Description	New/ Replaced
POLICY	
8613 - Fixed Premium Whole Life Policy	New
RIDERS	
UOYT01 - One-Year Term Rider Provides the policy owner with the opportunity to purchase coverage for temporary needs.	New
UPUR01 - Paid-Up Rider Allows the policy owner increments of paid-up life insurance.	New
UTADB01 AR - Accidental Death Benefit Rider Allows the policy owner to select an amount to be paid (in addition to the base policy amount) upon accidental death as defined in the rider.	New
UTCIR01- Children's Insurance Rider - Provides term insurance coverage on the insured's children from 15 days old until their 25th birthday.	New
UTGIR01 - Guaranteed Insurability Rider Allows the policy owner to purchase a new policy on the life of the insured without submitting evidence of insurability.	New
UTPL01 - One-Year Term and Paid-Up Life Insurance Rider Provides additional coverage through the annual purchase of a combination of one-year term insurance and additional amounts of permanent, paid up whole life insurance.	New
UTTDB01- Total Disability Benefit Rider Provides that the benefit amount established at the time of policy issue will be credited to the policy as premiums paid during continued coverage disability.	New
UWPR01 - Waiver of Premium Rider Waives the monthly premiums of the policy and riders, except for any paid-up riders, upon receipt of satisfactory proof of disability.	New

EXHIBIT B

ARKANSAS

Forms Previously Approved
To Be Used With Policy 8613

Form Number / Description	Approval Date	State Filing No.
APPLICATION COMPONENT PAGES		
UN 2550 PI-A - Personal Information	12/17/2007	37656
UN 2550 PI-B - Personal Information (cont.)	12/17/2007	37656
UN 2550 LIFE UC - Universal Life/Traditional Policy Details	12/17/2007	37656
UN 2550 FI - Financial Information	12/17/2007	37656
UN 2550 LQ - Lifestyle Questionnaire	12/17/2007	37656
UN 2550 HQ - Health Questionnaire	12/17/2007	37656
UN 2550 AG - Agreement	12/17/2007	37656

Statement of Variability - 8613

Policy Number, Insured, Issue Age and Gender, Owner, Policy Date, Issue Date, Premium Class

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Maximum Loan Interest Rate

Range is 2.00% - 8.00%

Maximum Attained Age for Reinstatement

Range is 80-90

Amount of Benefit, Duration of Premium Payments, Annual Premium

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

First Premium Payment Interval; Modal Premium, Cumulative Annual Premium, Maximum Annual Percentage Rate Charge Implied in Modal Premium

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Beginning On Date, Total Annual Premium

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Table of Policy Values

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

We are also requesting areas within all forms, which we consider to be nonmaterial, be allowed as variable text. These include the names of officers, specific references to an address, telephone or fax number.